## 12300026069

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
(	<b>,</b> ,	,
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Dc	ocument Number)	· ·-
(	,	
Certified Copies	Cartificates	of Status
Certified Copies	_ Certificates	o o otatus
		·
Special Instructions to	Filing Officer:	
L		





300404080613

03/10/23--01007--023 \*\*25.00

2023 HAR TO AM ID: 54
SECRETARY OF STATE
TALL ATTY OF

## **COVER LETTER** 1

	Registration Sect Division of Corpo				
SUBJEC	DA & JULC				
.,овяте		Name of Lim	ited Liability Company		<del></del>
The encle	osed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspond	dence concerning this matter	to the following:		
		RAUL ACUNA			
			Name of Person		<del></del>
		DA & J LLC			
			Firm/Company		
		10002 N 25TH ST			
			Address		<del></del>
		TAMPA, FL 336121			
			City/State and Zip Code		
		MARITZACOLUMBIE@F			
r c .1			to be used for future annual	report notification)	1
For furth	er information cor	neerning this matter, please c	all:		
MARITZA COLUMBIE		646 73 at ( )	0-2676		
	Name of I	Person	Area Code	Daytime Teleph	ione Number
Enclosed	is a check for the	following amount:			
<b>■</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
į	Mailing Address:		Street A	ddress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DA & J LLC		
(Name of the Limited I (A)	iability Company as it now appears on our records lorida Limited Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liabil Florida document number L23000026069		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	:0 D
		023 EC TA
		RET T
Enter new mailing address, if applicable:		A D
(Mailing address MAY BE A POST OFFICE BO.	X)	SS
TALLA:		
B. If amending the registered agent and/or registered agent and/or the new registered office address he	tered office address on our records, <u>enter t</u> ere:	he name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
_	, Flo	rida
~	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
SECRET.	DIEGO E IBANEZ FERRER	10002 N 25TH ST TAMPA, FL 33612	<b>=</b> Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		SECRET ALL/	Remove  Remove
		TARY OF STATE	☐ Chamee ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Change
			🗆 Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change

				_
				<del></del>
			<del></del>	
				_ •
-				
	<del></del>			<del>_</del>
		<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<del></del>	_ <del></del>			_
			2023 HAR SEGRET TALL/	-
			ET AR	- 424422 - 424422 - [] []
			ARY SHAS	-: <u>-</u> : []
			OF ST	
			TATE	
				_
<del></del>		<u> </u>		_
	<u> </u>			_
Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	be specific and cannot be prior to date ock does not meet the applicable st	of filing or more than 90 da atutory filing requirement	_(optional) ays after filing.) Pursuant to 6 nts, this date will not be li	05.0207 ( sted as t
record specifies a delayed effective	date, but not an effective time, at	12:01 a.m. on the earlie	т of: (b) The 90th day af	ter the
d is filed.				
d is filed.	2023			
rd is filed.	Acro Vera Signature of a member or authorized r	lecia		

 $\varphi_{i}(x) = \varphi_{i}(x) + \varphi_{i}(x)$ 

Filing Fee: \$25.00